

CIVIL CASE INFORMATION SHEET

2018-CI-21080

225TH JUDICIAL DISTRICT COURT

CAUSE NUMBER (FOR CLERK USE ONLY)

STYLED

(e.g., John Smith v.

A civil case information sheet must be completed
health case or when a post-judgment petition for
the time of filing.

ANGEL SUAREZ VS IHEART RADIO

DATE FILED: 11/02/2018



2018CI21080 -P00002

Jackson)

ew civil, family law, probate, or mental
ormation should be the best available at

1. Contact information for person completing case information sheet:		Names of parties in case:		Person or entity completing sheet is:	
Name: <u>Angel Suarez</u> Email: <u>angelsuarez20@gmail.com</u> Address: <u>1410 Guadalupe St 114</u> Telephone: <u>210-986-4833</u> City/State/Zip: <u>San Antonio TX 78207</u> Fax: _____ Signature: _____ State Bar No: _____		Plaintiff(s)/Petitioner(s): <u>Angel Suarez</u> Defendant(s)/Respondent(s): <u>IHeart</u>		<input type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____ Additional Parties in Child Support Case: Custodial Parent: _____ Non-Custodial Parent: _____ Presumed Father: _____	
2. Indicate case type, or identify the most important issue in the case (select only 1):					
Civil			Family Law		
Contract <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: Foreclosure <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract:	Injury or Damage <input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation Malpractice <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises Product Liability <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: <input checked="" type="checkbox"/> Other Injury or Damage: <u>Monopoly Practices</u>	Real Property <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: Related to Criminal Matters <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other:	Marriage Relationship <input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void Divorce <input type="checkbox"/> With Children <input type="checkbox"/> No Children Other Family Law <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other:	Post-judgment Actions (non-Title IV-D) <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other Title IV-D <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocity (UIFSA) <input type="checkbox"/> Support Order Parent-Child Relationship <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage/Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child:	
Employment <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment:	Other Civil <input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other:		Probate & Mental Health <input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other:		
Tax <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	Probate/Wills/Intestate Administration <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings				
3. Indicate procedure or remedy, if applicable (may select more than 1):					
<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action		<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment		<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover	
4. Indicate damages sought (do not select if it is a family law case):					
<input type="checkbox"/> Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees <input type="checkbox"/> Less than \$100,000 and non-monetary relief <input type="checkbox"/> Over \$100,000 but not more than \$200,000 <input type="checkbox"/> Over \$200,000 but not more than \$1,000,000 <input type="checkbox"/> Over \$1,000,000					

DOCUMENT SCANNED AS FILED

EXHIBIT 2



CASE NO. (courtuse only) _____

PLAINTIFF: Angel Suarez

Angel Suarez

2018-CI-21080

225TH JUDICIAL DISTRICT COURT

ANGEL SUAREZ VS IHEART RADIO

DATE FILED: 11/02/2018

TEXAS

VS.

DEFENDANT(S) Iheart Radio

Defendant(s) contact info: 20880 stone oak Plwy, San Antonio TX 78258

ADDRESS

COMPLAINT: The basis for the claim which entitles the plaintiff to seek relief against the defendant is:



I am suing for monopoly practices based on UIA Antitrust Laws also for not provide equal opportunity. They play some song from artists of their favorite record label and never play my songs on my album "Latino Supremacist" fans called, send request on twitter social media, email, I sent the songs by email letter, and all ways and they still not playing my songs. I lost profit opportunities and royalty.

RELIEF: Plaintiff seeks damages in the amount of 7,000,000.00 and/or return of personal property as described as follows (be specific):
which has a value of \$ _____

Additionally, plaintiff seeks the following:

Also to play any of the Easter record label songs

INABILITY

If you wish to give your consent for the answer and any other motions or pleadings to be sent to your email address, please check this box, and provide your valid email address

Angel Suarez

Petitioner's Printed Name

Signature of Plaintiff or Attorney

DEFENDANT(S) INFORMATION (if known):

DATE OF BIRTH _____

LAST 3 NUMBERS OF DRIVER LICENSE _____

LAST 3 NUMBERS OF SOCIAL SECURITY _____

DEFENDANT'S PHONE NUMBER _____

Address of Plaintiffs or Attorney

1410 Guadalupe St Suite 114

San Antonio TX 78207

CITY

STATE

ZIP

Phone of Plaintiff's Attorney/Plaintiff _____

Sworn to and subscribed before me this _____ day of _____, 2018

CLERK OF THE JUSTICE COURT OR NOTARY

FILED
DISTRICT CLERK
SAN ANTONIO, TEXAS
NOV - 2 P 12:58

DOCUMENT SCANNED AS FILED

EXHIBIT 2

CERTIFIED MAIL #70180360000052679442



2018CI21080 S00001

Case Number: 2018-CI-21080

ANGEL SUAREZ

vs.

IHEART RADIO

(Note: Attached document may contain additional litigants).

IN THE DISTRICT COURT
225th JUDICIAL DISTRICT
BEXAR COUNTY, TEXAS

CITATION

"THE STATE OF TEXAS"

DIRECTED TO: IHEART RADIO

**AFFIDAVIT OF
INABILITY**

20880 STONE OAK PKWY
SAN ANTONIO TX 78258

"You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this CITATION and ORIGINAL PETITION a default judgment may be taken against you." Said CITATION with ORIGINAL PETITION was filed on the 2nd day of November, 2018.

ISSUED UNDER MY HAND AND SEAL OF SAID COURT ON THIS 6TH DAY OF November A.D., 2018.

ANGEL SUAREZ
ATTORNEY FOR PROPIA PERSONA
1410 GUADALUPE ST 114
SAN ANTONIO, TX 78207



Donna Kay McKinney
Bexar County District Clerk
101 W. Nueva, Suite 217
San Antonio, Texas 78205

By: Cynthia Gonzales, Deputy

MD 11/6/18

ANGEL SUAREZ
vs
IHEART RADIO

Officer's Return

Case Number: 2018-CI-21080
Court: 225th Judicial District Court

Came to hand on the 6th day of November 2018, A.D., at 10:48 o'clock A.M. and EXECUTED (NOT EXECUTED) by CERTIFIED MAIL, on the _____ day of _____ 20____, by delivering to: _____ at 20880 STONE OAK PKWY SAN ANTONIO TX 78258 a true copy of this Citation, upon which I endorse that date of delivery, together with the accompanying copy of the CITATION with ORIGINAL PETITION

Cause of failure to execute this Citation is _____

Donna Kay McKinney
Clerk of the District Courts of
Bexar County, TX
By: Cynthia Gonzales, Deputy

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FILE COPY (DK003)

EXHIBIT 2

W/om



Cause

District Court : 3

2018-CI-21080

225TH JUDICIAL DISTRICT COURT

ANGEL SUAREZ VS: HEART RADIO

DATE FILED: 11/02/2018

Request for Process

Style: _____ Vs. _____

Request the following process: (Please check all that Apply)

- ☒ Citation ☐ Notice ☐ Temporary Restraining Order ☐ Notice of Application for Protective Order
☐ Temporary Protective Order ☐ Precept with hearing ☐ Precept without a hearing ☐ Writ of Attachment
☐ Writ of Habeas Corpus ☐ Writ of Garnishment ☐ Writ of Sequestration ☐ Capias ☐ Other: _____

BY: _____

DEPUTY

2018 NOV -2 P 12:58

FILED
DISTRICT CLERK
BEXAR CO TEXAS
NOV 2 2018

1.

Name: Heart

Registered Agent/By Serving: _____

Address: 20900 State Oak Pkwy San Antonio, TX 78258

Service Type: (Check One) ☐ Private Process ☐ Sheriff ☐ Commissioner of Insurance ☐ SA Express News ☐ Hart Beat ☐ Courthouse Door
☒ Certified Mail ☐ Registered Mail ☐ Out of County ☐ Secretary of State ☐ Constable Pct _____

(Pct. 3 serves process countywide)

2.

Name: _____

Registered Agent/By Serving: _____

Address: AFFIDAVIT OF

Service Type: (Check One) ☐ Private Process ☐ Sheriff ☐ Commissioner of Insurance ☐ SA Express News ☐ Hart Beat ☐ Courthouse Door
☐ Certified Mail ☐ Registered Mail ☐ Out of County ☐ Secretary of State ☐ Constable Pct _____

(Pct. 3 serves process countywide)

3.

Name: _____

Registered Agent /ByServing: _____

Address: _____

Service Type: (Check One) ☐ Private Process ☐ Sheriff ☐ Commissioner of Insurance ☐ SA Express News ☐ Hart Beat ☐ Courthouse Door
☐ Certified Mail ☐ Registered Mail ☐ Out of County ☐ Secretary of State ☐ Constable Pct _____

(Pct. 3 serves process countywide)

4.

Name: _____

Registered Agent/By Serving: _____

Address: _____

Service Type: (Check One) ☐ Private Process ☐ Sheriff ☐ Commissioner of Insurance ☐ SA Express News ☐ Hart Beat ☐ Courthouse Door
☐ Certified Mail ☐ Registered Mail ☐ Out of County ☐ Secretary of State ☐ Constable Pct _____

(Pct. 3 serves process countywide)

Title of Document /Reading to be Attached to Process: _____

Name of Attorney/Pro se: Angel Suarez

Bar Number: _____

Address: 1410 Guadalupe St 114Phone Number: 210 986 4833San Antonio, TX 78207

Attorney for Plaintiff _____ Defendant _____ Other _____

IF SERVICE IS NOT PICKED UP WITHIN 14 BUSINESS DAYS, SERVICE WILL BE DESTROYED

DOCUMENT SCANNED AS FILED

EXHIBIT 2

NOTICE: THIS DOCUMENT

2018-CI-21080



Cause Number: 225TH JUDICIAL DISTRICT COURT
 Plaintiff: Angel Suarez ANGEL SUAREZ VS THEART RADIO
 (Print first and last name of the person)

DATE FILED: 11/02/2018

Court ☐ County Court / County Court at Law
 Number ☐ Justice Court

Defendant: 1 Heart And
 (Print first and last name of the person being sued.) Texas
 County

Statement of Inability to Afford Payment of Court Costs or an Appeal Bond

1. Your Information

My full legal name is: Angel Suarez My date of birth is: 5/10/81
 First Middle Last Month/Day/Year

My address is: (Home) 2910 Park Boulevard 66 Universal City TX 78148
 (Mailing)

My phone number: 2109864839 My email: AngelSuarez22@gmail.com

About my dependents: "The people who depend on me financially are listed below."

Name	Age	Relationship to Me
1. <u>Ana Suarez</u>	<u>14</u>	<u>Daughter</u>
2. <u>Angel Suarez</u>	<u>16</u>	<u>Son</u>
3. <u>Linda Suarez</u>	<u>36</u>	<u>Wife</u>
4. <u>Carmen Alvarez</u>	<u>62</u>	<u>Mom</u>
5. <u>Patricia Alvarez</u>	<u>66</u>	<u>Father in Law</u>
6.		

2. Are you represented by Legal Aid?

☐ I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as Exhibit: Legal Aid Certificate.

-or-

☐ I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

☒ I am not represented by legal aid. I did not apply for representation by legal aid.

3. Do you receive public benefits?

☐ I do not receive needs-based public benefits. - or -

☒ I receive these public benefits/government entitlements that are based on indigency:

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)

☒ Food stamps/SNAP ☐ TANF ☐ Medicaid ☐ CHIP ☐ SSI ☐ WIC ☐ AAED
☐ Public Housing or Section 8 Housing ☐ Low-Income Energy Assistance ☐ Emergency Assistance
☐ Telephone Lifeline ☐ Community Care via DADS ☐ LIS in Medicare ("Extra Help")
☐ Needs-based VA Pension ☐ Child Care Assistance under Child Care and Development Block Grant
☐ County Assistance, County Health Care, or General Assistance (GA)
☒ Other: Unemployment

4. What is your monthly income and income sources?

I get this monthly income:

\$ _____ in monthly wages. I work as a _____ for _____
Your job title Your employer\$ 000 in monthly unemployment. I have been unemployed since (date) _____

\$ _____ in public benefits per month.

\$ _____ from other people in my household each month: (List only if other members contribute to your household income.)

\$ _____ from ☐ Retirement/Pension ☐ Tips, bonuses ☐ Disability ☐ Worker's Comp
☐ Social Security ☐ Military Housing ☐ Dividends, interest, royalties
☐ Child/spousal support
☐ My spouse's income or income from another member of my household (if available)

\$ _____ from other jobs/sources of income. (Describe) _____

\$ 000 is my total monthly income.**5. What is the value of your property?**

My property includes:

Value*

Cash \$ _____

Bank accounts, other financial assets \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Vehicles (cars, boats) (make and year) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Other property (like jewelry, stocks, land, another house, etc.) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total value of property → \$ _____

6. What are your monthly expenses?

My monthly expenses are:

Amount

Rent/house payments/maintenance \$ 700Food and household supplies \$ 100Utilities and telephone \$ 100Clothing and laundry \$ 300

Medical and dental expenses \$ _____

Insurance (life, health, auto, etc.) \$ 200

School and child care \$ _____

Transportation, auto repair, gas \$ 100

Child / spousal support \$ _____

Wages withheld by court order \$ _____

_____ \$ _____

Debt payments paid to: (List) \$ _____

_____ \$ _____

_____ \$ _____

Total Monthly Expenses → \$ 1500

*The value is the amount the item would sell for less the amount you still owe on it, if anything.

7. Are there debts or other facts explaining your financial situation?

My debts include: (List debt and amount owed) _____

(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page. ☐**8. Declaration**

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

☒ I cannot afford to pay court costs.☐ I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.My name is Angel Suarez My date of birth is: 5/10/81My address is 2910 Port Buckle rd 66, Universal City TX 78148
Street City State Zip Code CountrySignature [Signature] signed on 11/21/18 in Brewster County, TEXAS
Month/Day/Year County name State

8/1/2018

Texas Workforce Commission's Unemployment Benefit Services - Claim and Payment Status

Claim and Payment Status**Claimant Information**

Name: ANGEL SUAREZ MORENO
Social Security Number (SSN): XXX-XX-3609

[Printer-friendly Summary](#)**Waiting Week**

TWC cannot pay you for the first week of your claim, also known as the waiting week, until you return to full-time work or exhaust your benefits. If you return to full-time work before exhausting your benefits, you must inform TWC in order to receive payment for that first week. To report that you returned to full-time work, select [Request your Waiting Week](#) from the Quick Links.

Claim Information

Claim Type: Regular Unemployment Benefits
Claim Start Date: Jun 03, 2018
Weekly Benefit Amount: \$256.00
Maximum Possible Benefits: \$5,063.00
Benefits Paid to Date: \$1,792.00
Benefits Remaining: \$3,271.00
Next Date to Request Payment: During the week beginning Aug 12, 2018.

Most Recent Payment

TWC Processed Date: Jul 30, 2018
Amount Deposited: \$512.00
For Week(s): Jul 22, 2018 to Jul 28, 2018
 Jul 15, 2018 to Jul 21, 2018

Payment Summary[Printer-friendly Summary](#)**View Payment Details by Week**

1-8 of 8

Week(s)	TWC Processed Date	Deduction(s)	Payment
Jul 22, 2018 to Jul 28, 2018	Jul 30, 2018	\$0.00	\$256.00
Jul 15, 2018 to Jul 21, 2018	Jul 30, 2018	\$0.00	\$256.00
Jul 08, 2018 to Jul 14, 2018	Jul 16, 2018	\$0.00	\$256.00
Jul 01, 2018 to Jul 07, 2018	Jul 16, 2018	\$0.00	\$256.00
Jun 24, 2018 to Jun 30, 2018	Jul 02, 2018	\$0.00	\$256.00
Jun 17, 2018 to Jun 23, 2018	Jul 02, 2018	\$0.00	\$256.00
Jun 10, 2018 to Jun 16, 2018	Jun 29, 2018	\$0.00	\$256.00
Jun 03, 2018 to Jun 09, 2018	Jun 18, 2018	\$0.00	\$0.00

View Payment Details by Week

Form TF0001

July 2016

TEXAS HEALTH AND HUMAN SERVICES COMMISSION
P O BOX 149029
AUSTIN, TEXAS 78714-9029

**Need help?**

Call 2-1-1 or 1-877-541-7905

If you have a hearing or speech disability,
call 7-1-1 or any relay service.

All numbers are free to call.

Date: 06/28/2018

Case Number: 1027590224

MR. ANGEL L SUAREZ
TRLR 66
2910 PAT BOOKER RD
UNIVERSAL CITY TX 78148-2742

Notice about your case:**SNAP Food Benefits**

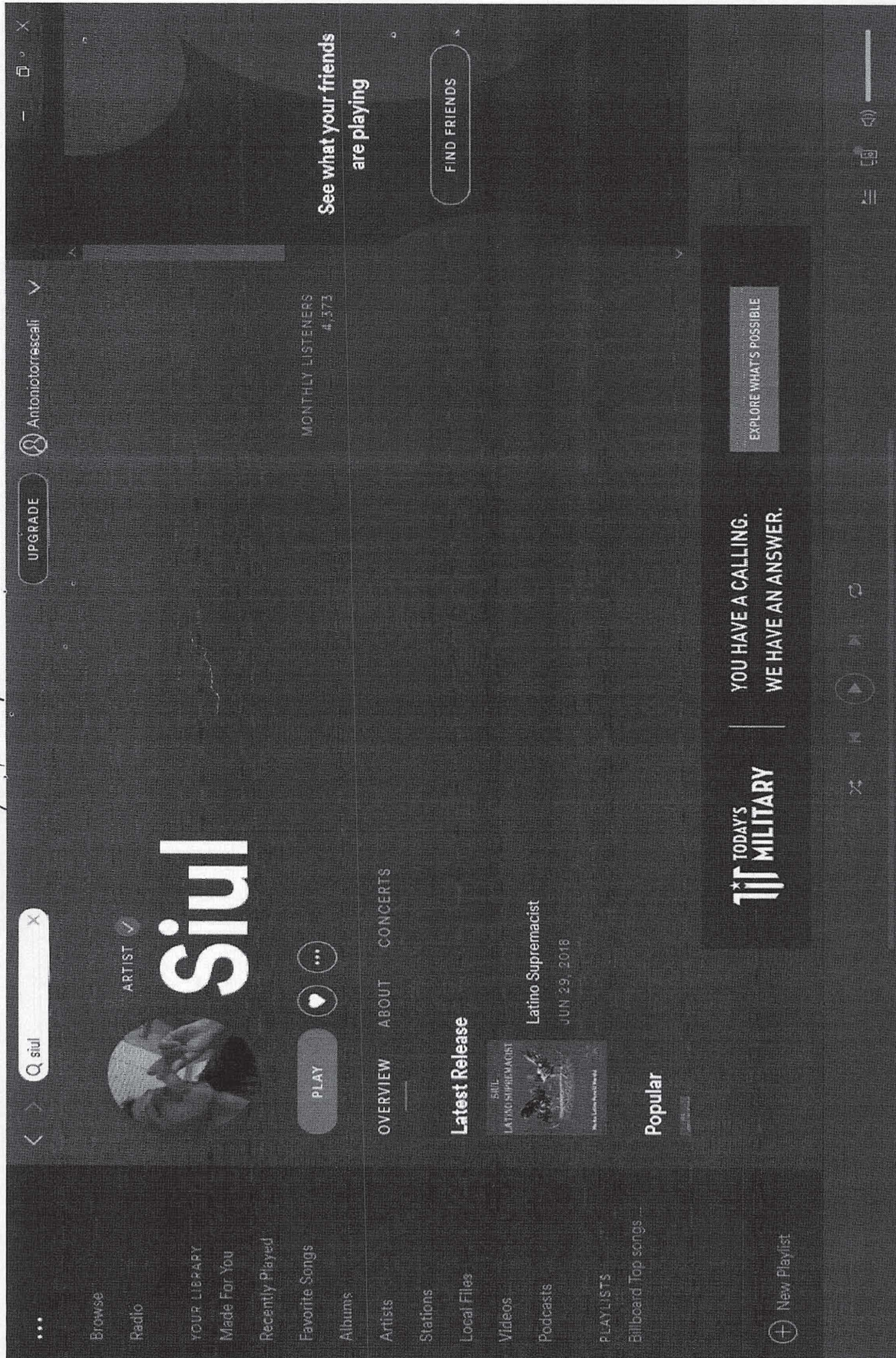
EDG number: 643510349

Who gets SNAP Food Benefits		
Name	Date	Monthly Amount
Linda Munoz; Ana Juliette Suarez-munoz; Archangel Patrick Suarez-munoz; Angel L Suarez	07/01/2018 - 11/30/2018	\$ 640.00
Ana Juliette Suarez-munoz; Archangel Patrick Suarez-munoz; Angel L Suarez; Linda Munoz	06/26/2018 - 06/30/2018	\$ 106.00

Health Care Benefits

Who gets health care benefits			
Name	EDG number	Program	Date
Archangel Patrick Suarez-munoz	643861781	Children's Medicaid	08/01/2018 - 02/28/2019
Ana Juliette Suarez-munoz	643861782	Children's Medicaid	08/01/2018 - 02/28/2019
Angel L Suarez	643510347	Medicaid	06/01/2018 - 05/31/2019

spotify



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EXHIBIT 2

SP0X4

SP0X4

Siul

UPGRADE

Antoniotorrescali

PLAY

See what your friends are playing

FIND FRIENDS

OVERVIEW ABOUT CONCERTS

Latest Release

Siul

Latino Supremacist

JUN 10, 2018

Popular

Rank	Track Name	Plays
1	California	22,169
2	Me Escapé	2,050
3	Salimos De Los Barrios	7,835
4	Si Te Marchas	6,303
5	Cansando	1,000

PLAYLISTS

Billboard Top songs ...

NEW PLAYLIST

YOU HAVE A CALLING. WE HAVE AN ANSWER.

EXPLORE WHAT'S POSSIBLE

Sent Items

Get Messages Write Chat Address Book Tag Quick Filter iheart

info@myprogressive.co

Inbox (810)

Important

Drafts (6)

Sent Items

Archives

Spam

Trash

Local Folders

Trash

Outbox

Unread Starred Contact Tags Attachment 32 messages iheart

Filter messages by: Sender Recipients Subject Body

Subject	Correspondents	Date
Re: Song	→ Sanchez, Tony	7/17/2018, 10:49 AM
Re: Thanks for your help, one more thing	→ Morgen	7/16/2018, 11:13 AM
Re: Thanks for your help, one more thing	→ Morgen	7/16/2018, 10:56 AM
Re: Thanks for your help, one more thing	→ Morgen	7/16/2018, 10:55 AM
Re: Thanks for your help, one more thing	→ Morgen	7/16/2018, 10:43 AM
Re: Thanks for your help, one more thing	→ Otis	7/16/2018, 10:17 AM
Re: Thanks for your help, one more thing	→ Newman	7/16/2018, 9:17 AM
Re: Thanks for your help, one more thing	→ Hildebrandt, Kelly	7/16/2018, 9:13 AM
Re: Thanks for your help, one more thing	→ Blotkamp, Kimberly	7/16/2018, 9:12 AM
Re: Thanks for your help, one more thing	→ Bishop, Mark (Munch)	7/16/2018, 7:35 AM
Re: Thanks for your help, one more thing	→ Manuel, Mark	7/15/2018, 12:53 PM
Re: Thanks for your help, one more thing	→ Dashow, Kenneth	7/15/2018, 8:22 AM
Re: Thanks for your help, one more thing	→ Dashow, Kenneth	7/15/2018, 7:52 AM
Re: Thanks for your help, one more thing	→ Dashow, Kenneth	7/15/2018, 7:52 AM
Re: Thanks for your help, one more thing	→ Pagliarulo, Joseph	7/14/2018, 6:07 PM
Re: Thanks for your help, one more thing	→ Pagliarulo, Joseph	7/14/2018, 4:49 PM
Re: Thanks for your help, one more thing	→ SCHOENING, BILL	7/14/2018, 8:33 AM
Re: Thanks for your help, one more thing	→ Payton, Amber	7/13/2018, 11:56 PM
Re: Thanks for your help, one more thing	→ Fredrick, Joe	7/13/2018, 11:55 PM
Re: Thanks for your help, one more thing	→ Steele, Jay	7/13/2018, 10:45 PM
Re: Thanks for your help, one more thing	→ Martiny, Eddie	7/13/2018, 10:40 PM
Re: Thanks for your help, one more thing	→ Wolfe, Kerry	7/13/2018, 10:24 PM
Re: Thanks for your help, one more thing	→ Tom, Scott	7/13/2018, 10:09 PM
Re: Thanks for your help, one more thing	→ Sato, Pablo	7/13/2018, 9:59 PM
Re: Thanks for your help, one more thing	→ Sato, Pablo	7/13/2018, 9:58 PM
Re: Thanks for your help, one more thing	→ Sato, Pablo	7/13/2018, 9:54 PM

Searching...

Unread: 0 Total: 522 (30) Today Pane

DOCUMENT SCANNED AS FILED

Songs sent to them

EXHIBIT 2

info@myprogressive.co
 Inbox (810)
 Important
 Drafts (6)
 Sent Items
 Archives
 Spam
 Trash
 Local Folders
 Trash
 Outbox

Get Messages | Write | Chat | Address Book | Tag | Quick Filter | iheart

Unread | Starred | Contact | Tags | Attachment | 32 messages | iheart

Filter messages by: Sender Recipients Subject Body

Subject	Correspondents	Date
Fwd: RE: My agency and my song	→ Ayarzagoitia, Raul	8/6/2018, 9:01 AM
Re: Thanks for your help, one more thing	→ Brody (WPB)	7/30/2018, 9:58 AM
Re: Thanks for your help, one more thing	→ Knight, Kiyo	7/26/2018, 6:29 PM
← Re: My agency and my song	→ Ayarzagoitia, Raul	7/20/2018, 10:09 AM
Re: Thanks for your help, one more thing	→ Kube, Michelle	7/19/2018, 3:57 PM
Re: Thanks for your help, one more thing	→ Tom, Scott	7/19/2018, 9:24 AM
Re: Song	→ Sanchez, Tony	7/17/2018, 10:49 AM
Re: Thanks for your help, one more thing	→ Morgen	7/16/2018, 11:13 AM
Re: Thanks for your help, one more thing	→ Morgen	7/16/2018, 10:56 AM
Re: Thanks for your help, one more thing	→ Morgen	7/16/2018, 10:55 AM
Re: Thanks for your help, one more thing	→ Morgen	7/16/2018, 10:43 AM
Re: Thanks for your help, one more thing	→ Otis	7/16/2018, 10:17 AM
Re: Thanks for your help, one more thing	→ Newman	7/16/2018, 9:17 AM
Re: Thanks for your help, one more thing	→ Hildebrandt, Kelly	7/16/2018, 9:13 AM
Re: Thanks for your help, one more thing	→ Blotkamp, Kimberly	7/16/2018, 9:12 AM
Re: Thanks for your help, one more thing	→ Bishop, Mark (Munch)	7/16/2018, 7:35 AM
Re: Thanks for your help, one more thing	→ Manuel, Mark	7/15/2018, 12:53 PM
Re: Thanks for your help, one more thing	→ Dashow, Kenneth	7/15/2018, 8:22 AM
Re: Thanks for your help, one more thing	→ Dashow, Kenneth	7/15/2018, 7:52 AM
Re: Thanks for your help, one more thing	→ Dashow, Kenneth	7/15/2018, 7:52 AM
Re: Thanks for your help, one more thing	→ Pagliarulo, Joseph	7/14/2018, 6:07 PM
Re: Thanks for your help, one more thing	→ Pagliarulo, Joseph	7/14/2018, 4:49 PM
Re: Thanks for your help, one more thing	→ SCHOENING, BILL	7/14/2018, 8:33 AM
Re: Thanks for your help, one more thing	→ Payton, Amber	7/13/2018, 11:56 PM
Re: Thanks for your help, one more thing	→ Fredrick, Joe	7/13/2018, 11:55 PM
Re: Thanks for your help, one more thing	→ Steele, Jay	7/13/2018, 10:45 PM
Re: Thanks for your help, one more thing	→ Martiny, Eddie	7/13/2018, 10:40 PM

Searching... Unread: 0 Total: 522 30 Today Pane

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EXHIBIT 2

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For delivery information, visit our website at www.usps.com	
NEW YORK OFFICIAL USE	
Certified Mail Fee \$3.45	0204 13
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.50	09/21/2018
Total Postage and Fees \$3.95	
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U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
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Certified Mail Fee \$3.45	0204 10
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.50	09/21/2018
Total Postage and Fees \$3.95	
Sent To <i>Heart Texas</i>	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

No. 2018-CI-21080Ansel Suarez

VS.

Hart

IN THE DISTRICT COURT

225 JUDICIAL DISTRICT

BEXAR COUNTY, TEXAS

MOTION TO SET

TO THE HONORABLE JUDGE OF THIS COURT:

COMES NOW, Ansel Suarez, the Plaintiff in theAbove styled and numbered cause and files this Motion to Set this cause for final hearingon the 16 day of January, 2019, at 9 o'clock A.M./P.M.

ORDER

The above styled and numbered cause, having been presented to me, is hereby set for

final hearing on the 16 day of January, 2018at 9 o'clock A.M./P.M. in the Civil Presiding Courtroom of the Bexar County, Texas.Signed this 14 day of November, 2018.

NOV 14 2018

Judge Peter Sakai
225th District Court
Bexar County, Texas

JUDGE PRESIDING

CERTIFICATE OF SERVICE

This is to certify that a true and correct copy of the above and foregoing Motion/Order to Set was delivered in accordance with the Texas Rules of Civil Procedure, on the 16 day ofNovember, 2018.FILED
DONNA KAY MCKINNEY
DISTRICT CLERK
BEXAR COUNTY

2018 NOV 14 P 4:17

DEPUTY

BY: Daniel Ows

State Bar No. _____

Address 1410 Goodklyn St 114, San AntonioPhone TR 78207 2109864833

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EXHIBIT 2